PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

ail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required) Beloca I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

| maintenance tee | nottucations. | | | |
|-----------------|----------------|------------------------|-----------------------------|--|
| CURRENT CORE | RESPONDENCE AD | OR FSS (Note: Hee Bloc | l for any change of address | |

05/02/2008

24374 7590

VOLPE AND KOENIG, P.C. DEPT. ICC

UNITED PLAZA, SUITE 1600 30 SOUTH 17TH STREET PHILADELPHIA, PA 19103

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Feed of Praiming of 1 ransmissions of the States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Scott Wolinsky (Depositor's name)

Scott Wolinsky (Signature)

June 27, 2008 (Date)

APPLICATION NO. | FILING DATE | FIRST NAMED INVESTIGATION NO. | TURNEY DOCKET NO. | CONFIRMATION NO. | 10775,629 | 02/10/2004 | Eldad Zeira | 12-20466, IUS | 1310

TITLE OF INVENTION: METHOD OF USING A RADIO NETWORK CONTROLLER FOR CONTROLLING DATA BIT RATES TO MAINTAIN THE QUALITY OF RADIO LINKS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE | | |
|---|---|---|--|---|---------------------------|------------------------|--|--|
| nonprovisional | NO | \$1440 | \$300 | \$0 | \$1740 | 08/04/2008 | | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS |] | | | | |
| NGUYEN | N, HANH N | 2616 | 370-468000 | | | | | |
| I. Change of correspondence address or indication of "Fee Address" (37 CFR 1363). Change of correspondence address (or Change of Correspondence Address form FT0/SB/12) attached. "Fee Address" indication (or "Fee Address" Indication form FT0/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (2) the name of a single registered attorney or a | 3 registered patent attorn vely, e firm (having as a memb agent) and the names of u meys or agents, if no nam | era 2 | i Koenig, P.C | | |
| 3. ASSIGNEE NAME A | AND RESIDENCE DATA | A TO BE PRINTED ON | THE PATENT (print or type | oc) | | | | |
| PLEASE NOTE: Un recordation as set for | nless an assignee is ident rth in 37 CFR 3.11. Com | ified below, no assignee pletion of this form is NC | data will appear on the parties of t | atent. If an assignee is ic assignment. | lentified below, the docu | ment has been filed fo | | |
| (A) NAME OF ASSIGNEE | | | (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | |
| InterDigita | al Technology | Corporation | Wilmington. | DE | | | | |

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual & Corporation or other private group entity Government

4a. The following fee(s) are submitted:

4b. Payment of For(s): (Please first reamply may previously paid issue fee shown above)

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

3d Issue Fee

A check is enclosed.

Payment by redict card. Form PTO-2038 is attached.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-04-35. (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

Advance Order - # of Copies

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent; or the assignee or other perimeters as shown by the records of the United States Parties and, Transparts. Office.

Authorized Signature of Court I John 114.

Authorized Signature Scott Wolinsky Date Jr
Typed or printed name Scott Wolinsky Registrat

Registration No. 46,413

This collection of information is required by 3 TCFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially its spectred by 3 SUS CL 22nd 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including athering perpanging assumating the completed application form to the USPTO. Time will vary depending upon the individual case. Any commentant of Officer, clustering athering perpanging and this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Peterstent of U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 2231-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 2231-1450.

OMB 0651-0033

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.